

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2714

CERTIFICATE OF DEATH

REGISTRAR'S NO.

1151

BIRTH NO.

1. PLACE OF DEATH

A. COUNTY

Maricopa

B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN

Phoenix

C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA)

Unknown

D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

Memorial Hospital

2. USUAL RESIDENCE

(WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION)

A. STATE

Arizona

B. COUNTY

Maricopa

C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN

Phoenix

D. STREET ADDRESS

(IF RURAL, GIVE LOCATION)

829 N. 7th Ave.

3. NAME OF DECEASED

A. (FIRST)

B. (MIDDLE)

C. (LAST)

Harry

Ault

4. SEX

Male

5. COLOR OR RACE

White

6. MARRIED - NEVER MARRIED WIDOWED DIVORCED

7. DATE OF BIRTH

8. AGE

9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED)

Yard Helper

9B. KIND OF BUSINESS OR INDUSTRY

Railroad

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)

Ohio

11. CITIZEN OF WHAT COUNTRY?

U.S.A.

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATE OF SERVICE)

Yes

S.A.W. Vet.

13. SOCIAL SECURITY NO.

709079801

14A. FATHER'S NAME

Unknown

14B. BIRTHPLACE (STATE OR COUNTRY)

Unknown

15A. MOTHER'S MAIDEN NAME

Unknown

15B. BIRTHPLACE (STATE OR COUNTRY)

Unknown

16. INFORMANT'S SIGNATURE

Shirley Tardiff

ADDRESS

Phoenix, Arizona

17. DATE OF DEATH

May 20, 1951

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).

*THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.

PLACE DISEASE CONTRA.

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH*

MEDICAL CERTIFICATION

(a) ARTERIOCLEROTIC HEART DISEASE

INTERVAL BETWEEN ONSET AND DEATH

2 yrs

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

BENIGN NEPHROSCLEROSIS

UNK.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN) (COUNTY) (STATE)

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM OCT. 21, 1950 TO MAY 20, 1951. THAT I LAST SAW THE DECEASED ALIVE ON MAY 20, 1951. AND THAT DEATH OCCURRED AT 6:45 P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE

Lee Chelise H.D.

23B. ADDRESS

Phoenix, Arizona

23C. DATE SIGNED

May 21, 1951

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☐

24B. DATE

May 22, 1951

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)

Chicago, Illinois

25A. DATE REC'D BY LOCAL REG.

25B. REGISTRAR'S SIGNATURE

Beulah Johnston

26. FUNERAL DIRECTOR'S SIGNATURE

A. L. Moore & Sons

27. EMBALMER'S SIGNATURE

Robert W. Tracy

ADDRESS PHOENIX, ARIZONA CERT. NO.

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